

PTO/SB/01 (12-97)

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Or-Bach2 **Attorney Docket Number DECLARATION FOR UTILITY OR** Zvi Or-Bach First Named Inventor **DESIGN** PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) 09 524,060 **Application Number** March 13, 2000 Filing Date □ Declaration ☑ Declaration OR Submitted Submitted after Initial Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As a below named inven	tor, I hereby declare that:									
My residence, post office a	address, and citizenship are	as stated below next to my	name.							
System and	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: System and Method for Consolidated Shipping and Receiving Using Reusable Containers									
the specification of which is attached hereto OR was filed on (MM/DD/YYYY) 03/13/2000 as United States Application Number or PCT International										
Application Number 09/524, 060 and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
I hereby claim foreign prioris certificate, or 365(a) of any America, listed below and ha or of any PCT international a	PCT international application ve also identified below, by a	n which designated at lea	st one country	other than the U or patent or inven	nited States of					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?						
Number(s)	Country	(MM/DD/TTTT)	Not Glained	YES	NO					
			0000		0000					
Additional foreign applica	tion numbers are listed on a	supplemental priority data	sheet PTO/SB/0)2B attached here	eto:					
I hereby claim the benefit u	nder 35 U.S.C. 119(e) of an	y United States provisional	application(s) lis	ted below.						
Application Number	(s) Filing Date	e (MM/DD/YYYY)	numbe supple	onal provisiona ers are listed or emental priority SB/02B attache	n a data sheet					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box 😁	+	

Additional inventors are being named on the

PTO/SB/01 (12-97)
us sign (+) inside this box Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DE	CLA	RATIO	<u>N —</u>	- Utilit	y or	<u>Desig</u>	<u>n</u>	<u>Pate</u>	nt /	App	licat	tio	n ·	J	
United States United States information wh	or Ameri or PCT in tich is ma	fit under 35 U.S. ca, listed below iternational appli iterial to patenta international filir	and, inso cation in bility as o	otar as the su the manner p defined in 37	rovided by the CFR 1.56 w	r of each of he first nara	the d	laims of th of 35 LLS (iis applic C. 112 I	ation is acknow	not disclo	sed duty	in the prior	ı	
U	.S. Pare	ent Applicati Numb		PCT Parer	nt			g Date YYY)			nt Pater (if applie				
09/48	1,78	33				01/1	1/2	000							
Additiona	I U.S. or I	PCT international	applicati	ion numbers a	are listed on	a suppleme	ntal pr	iority data	sheet P	TO/SB/0	02B attache	ed he	ereto.	1	
		ereby appoint th						<u>.</u>						i	
		onnected therewi	th:	Customer Nu	mber			_]		▶	Place C Number : Labe	usto Bar (mer Code		
			- 1	Registered pr	acilioner(s)	name/regisi	ration	number is	sted belo	w L			tration	1	
	Nam	6		•	mber			Nam	16				nber		
Kenne	th E	. Leeds	3	30,56	66										
Additional	registere	d practitioner(s) r	named or	n supplement	al Registered	d Practitione	r Infor	mation she	eet PTO/	SB/02C	attached I	heret	to.	1	
Direct all con	respond			er Number Jode Label				OR	X C	orrespo	ndence a	addr	ess below		
Name	Ken	neth E.	Le	eds											
Address	P. 0	. Box 2	819												
Address															
City	Sun	nyvale				State	CA		ZIP	940	087-0	81	.9		
Country	บร			Telepho	ne 408	3-732-	-95	00	Fax	408	3-736	-7	7052		
believed to be punishable by	true; and fine or in	I statements ma I further that the opprisonment, or I issued thereon.	ese state both, un	ments were	made with the	he knowled	ge tha	t willful fal	lse state	ments a	and the lik	e so	made are		
Name of S	ole or F	irst Invento	r:			☐ A pet	ition h	nas been	filed for	r this u	nsigned i	nver	ntor		
G	iven Nar	ne (first and m	iddle [if	any])				Family	v Name	or Sur	name				
Zvi				\		0rg	Вас	h							
Inventor's Signature	X		1.	- 11	ပ	D					Date	X	3. 28. as	1	
Residence:	City	San Jo	s e	State	CA	Counti	<u> </u>	US	···		Citizensh	nip	US a	nd	Isra
Post Office A	ddress	3555 W	lood	ford D	rive	-]	
Post Office A	Address		· · · · · ·									·	·		
city San	Jos	e	State	CA	ZiP	951	24		Cou	ntry	US			1	

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Addition	nal Joint Inventor, if ar	ıy:			A petitio	n has been file	d for th	nis unsign	ed inv	entor	
Given Na	me (first and middle [if any])			Family Name or Surname						
Dan		F	(iki	nis							
Inventor's Signature	1							Date			
Residence: City	Saratoga	Stat	e CA		Country	US		Citizensi	hip	Swiss	
Post Office Address	20264 Ljepav	a D	r.								
Post Office Address											
City	Saratoga	Sta	CA.		ZIP	95070	Country	US		:	
Name of Addition	nal Joint Inventor, if ar		A petitio	n has been file	d for th	nis unsign	ed inv	entor			
Given Na	me (first and middle [if any])				Family Nan	ne or S	Surname			
	,				·		- W				
Inventor's Signature					· · · · · · · · · · · · · · · · · · ·		Dat	te			
Residence: City	State				Country				Citizenship		
Post Office Address								···			
Post Office Address					,			<u>.</u>			
City		Sta	te	.,	ZIP	Country					
Name of Addition	nal Joint Inventor, if ar	ıy:			A petitio	n has been file	d for th	nis unsign	ed inv	entor	
Given Na			Family Nan	ne or S	Surname						
Inventor's Signature							Dat	te			
Residence: City		Stat	е		Country Citizenship						
Post Office Address											
Post Office Address	T				т			Т			
City			ZIP		С	Country					

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/01 (12-97)

as United States Application Number or PCT International

(if applicable).

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number Or-Bach2

DECLARATION FOR UTILITY OR DESIGN	First Named Inventor Zvi Or-Bach						
PATENT APPLICATION	COMPLETE IF KNOWN						
(37 CFR 1.63)	Application Number	09 / 524,060					
(61 6111 1166)	Filing Date	March 13, 2000					
☐ Declaration ☐ Declaration ☐ Submitted OR Submitted after Initial	Group Art Unit						
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name						
As a below named inventor, I hereby declare that:							
My residence, post office address, and citizenship are as so I believe I am the original, first and sole inventor (if only on names are listed below) of the subject matter which is claim System and Method for Company of the subject matter which is claimed by the subject matter which is clai	ne name is listed below) or an or med and for which a patent is so onsolidated	Sought off the invention entitles.					
Receiving Using Reusable	e Containers						
the specification of which (Title of is attached hereto	f the Invention)						

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	opy Attached? NO
			0000		0000

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s) Filing Date (MM/DD/YYYY)

was filed on (MM/DD/YYYY) 03/13/2000

Application Number 09/524, 060 and was amended on (MM/DD/YYYY)

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

			1
a plus cian (+) inside this box	-3	+	

us sign (+) inside this box

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DEC	LAR	ATION	_	Uti	ity	or C	<u>)esig</u>	ın l	ater	nt A	ppl	icatio	n	Į	
Inited States of Inited States of	PCT Interr	nder 35 U.S.C. listed below and lational applicati al to patentabilit emational filing o	on in th	e manne efined in	er provid	i mana				. 112, I a en the fi	icknowle ling date	edge the duty to e of the prior a	o disclose application)	
untormation which is littleral to partial regional filling date of this application. U.S. Parent Application or PCT Parent Number							Parent (MM/I			1		t Patent Nu f applicable			
09/48:	1,783						01/1	1/2	000						
Additional	ILC or DC	Γ international a	nolicatio	on numb	ers are	listed on a	a suppleme	ntal pr	iority data s	sheet PT	O/SB/02	2B attached he	reto.]	
Additional	entor. I here	by appoint the f	allowing	g registe	red pra	ctitioner(s) to prosec	ute this	application	n and to	transact	all business in	the Pate	nt	
nd Trademark	Office conn	ected therewith:		Custome	r Numbe	er					·	Number Bar C	Code		
			XX.	D <i>R</i> Registere	ed practi	itioner(s)	name/regis	tration	number list	ted belov	<u>, L</u>	Label here Regist		4	
	Name			- 1	Registra Numb				Name	e		Nur		_	
	th E.	Leeds			,566								_		
Additional	registered r	ractitioner(s) na	med or	supple	mental F	Registered	d Practition	er Info	mation she	et PTO/	SB/02C	attached neret	Ю,	1	
Direct all con	esponder			er Num ode La					OR	X Co	rrespo	ndence addr	ess belo	ow	
Name		eth E.		eds										4	
Address	P. 0.	Box 2	819									<u></u>		-	
Address	ddress Sunnyvale					State	C.A	1	7IP	ZIP 94087-0819			1		
City	US	-3		-1		14.0			500	Fax 408-736-7052					
believed to be	are that all time; and	statements mad further that the prisonment, or I issued thereon.	le here se state ooth, ui	Telephone 408-732-9500 Fax 408-738-7052 erein of my own knowledge are true and that all statements made on information and belief are statements were made with the knowledge that willful false statements and the like so made are under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the						are					
Name of S	iole or F	irst Inventor					ПАР	etition	has beer	n filed fo	or this u	ınsigned inve	entor	_	
Given Name (first and middle [if any])									ly Name	e or Su	rname				
Zvi							Or-	-Ba	ch ———			T .	1		
Inventor's Signature							1		1			Date	IIC		Isra
Residence:	City	San Jo			State	CA	Cou	ntry	បន			Citizenship	102		TOLO
Post Office	Address	3555 W	lood	for	d D	rive								\dashv	
Post Office	Address		ı —	Υ		Т	100	!		T		US		\dashv	
				CA			ZIP 95124				untry				

Additional inventors are being named on the

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Please type a plus sign (+) inside this box ->

valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

						, ago			
lame of Addition	al Joint Inventor, if any	:		A	etition	has been filed	for this	unsigned i	nventor
	ne (first and middle [if any])					Family Name	e or Sur	name	
Dan	0 11			Ki	kin	is			
Inventor's X	11 St							Date	3/31/00
Residence: City	Saratoga	State	CA	Co	untry	บร	С	itizenship	Swiss
Post Office Address	20264 Ljepava	a Dr	•						
Post Office Address								TIC	
City	Saratoga	State	CA		JP S	5070	Country	US	
Name of Additio	nal Joint Inventor, if an	y:		A	petition	has been filed	d for this	unsigned	inventor
	me (first and middle [if any]				Family Nan	ne or Su	ırname		
				1					
Inventor's Signature								Date	
Residence: City		State		С	ountry			Citizensi	nip
Post Office Address	1								
Post Office Address	3						·		
City		State			ZIP		Coun	try	
	onal Joint Inventor, if a	ny:			A petitio	on has been file	ed for thi	is unsigne	d inventor
	ame (first and middle (if any					Family Na	me or S	Surname	
Inventor's Signature								Date	
Residence: City		State	•		Country			Citizens	ship
Post Office Addres	88	<u> </u>							
Post Office Addres	35	I				T			
	1	State	1		ZIP		0	Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/09 (12-97)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(b))--INDEPENDENT INVENTOR

Docket Number (Optional) Or-Bach2

		-1							
Applicant, Patentee, or Identifier:	vi Or-Bach and Dan Kik	inis							
09/524,060 Application or Patent No.:									
Filedorlssued: March	13, 2000								
Title System and Method Receiving Using	od for Consolidated Sh Reusable Containers	ipping and							
	y state that I qualify as an independent inve s to the Patent and Trademark Office descrii								
the specification filed herewi	ith with title as listed above.								
the application identified abo	ve.								
the patent identified above.									
I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).									
	tion to which I have assigned, granted, conv assign, grant, convey, or license any rights i								
X No such person, concern,	or organization exists.								
Each such person, concer	n, or organization is listed below.								
Separate statements are required fr stating their status as small entities	om each named person, concern, or organiz s. (37 CFR 1.27)	ation having rights to the invention							
	s application or patent, notification of any charior to paying, or at the time of paying, the								
maintenance fee due after the date	on which status as a small entity is no longer	er appropriate. (37 CFR 1.28(b))							
Zvi Or-Bach	Dan Kikinis								
NAME OF INVENTOR	NAME OF INVENTOR	NAME OF INVENTOR							
Miller of									
Signature of inventor	Signature of inventor	Signature of inventor							
2.28.00									
Date	Date	Date							

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/09 (12-97)

Approved for use through 9/30/00. OMB 0651-0031

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(b))--INDEPENDENT INVENTOR c-Rach2

' CFR 1.9(f) & 1.27(b))l	NDEPENDENT INVENTOR	Or-Bach2
Analisant Potentee orldentifier	Zvi Or-Bach and Dan Kik	inis
097	524,060	
Application or Patent No.:	ah 12 2000	
Filed or Issued:	ch 13, 2000	
Title: System and Me Receiving Usi	thod for Consolidated Sh ng Reusable Containers	ipping and
As a below named inventor, I he for purposes of paying reducer	nereby state that I qualify as an independent inve I fees to the Patent and Trademark Office descri	ntor as defined in 37 CFR 1.9(c) bed in:
the specification filed h	erewith with title as listed above.	
the application identifie	d above.	
the patent identified ab	ove.	
grant, convey, or license, any r	conveyed, or licensed, and am under no obligati ights in the invention to any person who would not rson had made the invention, or to any concern FR 1.9(d) or a nonprofit organization under 37 CF	which would not qualify as a small
	anization to which I have assigned, granted, con w to assign, grant, convey, or license any rights	veved, or licensed or am under an
No such person, con	cern, or organization exists.	
	oncern, or organization is listed below.	·
Separate statements are requ stating their status as small e	uired from each named person, concern, or organ entities. (37 CFR 1.27)	ization having rights to the invention
	, in this application or patent, notification of any o atus prior to paying, or at the time of paying, t e date on which status as a small entity is no lon	HE ENTIREST OF THE 1900C FOR S. S. S.
Zvi Or-Bach	Dan Kikinis	
NAME OF INVENTOR	NAME OF INVENTOR	NAME OF INVENTOR
Signature of inventor	Signature of inventor	Signature of inventor
Signature of inventor	Signature of inventor 3-3/-2000	Signature of inventor

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS'. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.